



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1205717
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1205717

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

268013

TICKET NUMBER 47140
LOCATION Ottawa
FOREMAN Alan Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-8-14	4448	Joeckel KRI-45	SW 13	17	22	MI
CUSTOMER			TRUCK #			
Kansas Resources E&D			730			
MAILING ADDRESS			DRIVER			
9393 W 110 th			Safety Mast			
CITY			TRUCK #			
Overland Park			368			
STATE	ZIP CODE	DRIVER				
KS	66210	Mik Dag				
JOB TYPE <u>long string</u>			HOLE SIZE <u>5 7/8</u>		HOLE DEPTH <u>774</u>	
CASING DEPTH <u>764.25</u>			DRILL PIPE		TUBING	
SLURRY WEIGHT			SLURRY VOL		WATER gal/sk	
DISPLACEMENT <u>4.25</u>			DISPLACEMENT PSI <u>800</u>		MIX PSI <u>200</u>	
REMARKS: <u>Held meeting Established rate. Mixed & pumped 100% gel followed by 105 sk 50/50 cement plus 2% gel & 1/2" Phenoseal. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float.</u>			CEMENT LEFT in CASING <u>yes</u>		RATE <u>4 bpm</u>	

Evans Mitchell Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085
5406	25	MILEAGE	368	105
5406	764.25	casing footage	368	
5407	1/2 mi	ten miles	503	184
5502C	1 1/2	80 vac	369	150
1124	105	50/50 cement	1207.50	
1118B	276 #	gel	60.72	
1107A	53 #	Phenoseal	71.55	
		material sub	1339.77	
		less 30%	-401.93	
		material total	937.84	
4402	1	2 1/2 plug		29.02

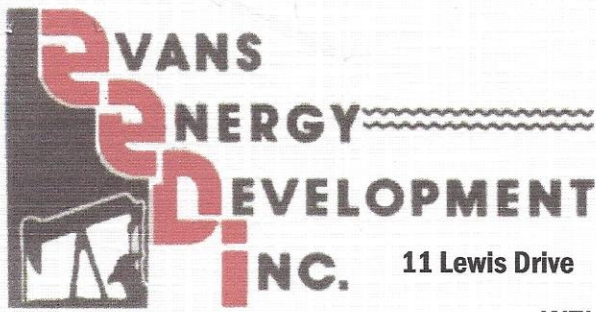
completed

2998.02
SALES TAX 74.0
ESTIMATED TOTAL 2565.

NO COMPANY REP
AUTHORIZATION Jim DK'd

TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this



11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Kansas Resource Exploration & Development, LLC

Joeckel #KRI-45

API # 15-121-30,340

May 7 - May 8, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
74	shale	80
23	lime	103
10	shale	113
5	lime	118
37	shale	155
14	lime	169
12	shale	181
12	lime	193
2	shale	195
11	lime	206
7	shale	213
19	lime	232
4	shale	236
17	lime	253 base of the Kansas City
146	shale	399
1	limey sand	400 hard, ok bleeding
1	broken sand	401 80% shale 20% sand light bleeding
3	limey sand	404
5	broken sand	409 60% sand 40% shale ok bleeding
2	limey sand	411 no bleeding
6	broken sand	417 95% brown sand 5% shale good bleeding
3	limey sand	420 hard, light bleeding
2	oil sand	422 good bleeding
2	oil sand	424 hard, good bleeding
14	shale	438
4	lime	442
1	shale	443
7	lime	450 some porosity, good bleeding
2	lime	452 lots of porosity, great bleeding
8	lime	460 no oil
20	shale	480
6	lime	486
16	shale	502
4	lime	506
14	shale	520
5	lime	525
16	shale	541
3	lime	544
33	shale	577
1	lime	578

2	shale	580
3	lime/shale	583
9	shale	592
6	silty shale	598
9	broken sand	607 90% brown sand 10% shale, light bleeding, gassy
4	sand	611 light brown, no show
21	sand	632 dark brown & grey, no show makes water
3	broken sand	635 brown sand & shale
1	coal	636
16	shale	652
3	broken sand	655 60% brown sand 40% shale, light bleeding
8	silty shale	663
7	shale	670
9	oil sand	679 brown sand, ok bleeding
9	oil sand	688 brown sand, good bleeding
2	limey sand	690 limey black sand, very good bleeding
3	shale	693
1	coal	694
80	shale	774 TD

Drilled a 9 7/8" hole to 22.7'

Drilled a 5 5/8" hole to 774'

Set 22.7' of 7" surface casing cemented with 6 sacks of cement

Set 754.25' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp and 1 baffle.
Baffle set 33.3' from bottom of tally.

Core Times

	<u>Minutes</u>	<u>Seconds</u>
672		47
6773		43
674		40
675		28
676		31
677		39
678		39
679		42
680		39
681		31
682		35
683		36
684		38
685		35
686		47
687		36
688		42
689	1	4
690		45
691		34